

Wyre Forest Community Housing Limited

Arch Hill Court

Inspection report

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Tel: 01562733000

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 10 January 2017 and was announced.

Arch Hill Court provides personal care for people living in a purpose built scheme where there are individual flats with shared facilities that included a dining and lounge room. There were 26 people receiving personal care when we inspected. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe when the care staff were in their homes and the care staff called at the expected times which helped to make them feel safer. Care staff we spoke with told us they were aware of the potential types of abuse people were at risk of and the action to take to report and protect people from the risk of further abuse. People had been involved in agreeing and recording their levels of risk during personal care and how they expected care staff to minimise these risks.

People told us they did not feel rushed during their call. People had discussed with the provider their concerns about continuity of staff and the registered manager and team leader had taken steps to improve on this. Where people needed help with their medicines care staff recorded when these were needed and administered. Care staff had been trained and told us they were supported to keep their skills and knowledge updated. Care staff were regularly observed by their manager to ensure they provided the expected care to people policy and procedures. Care staff were happy that the registered manager would look at additional training on request or if needed to meet a person's need.

People showed us their care plans and said that they had agreed to these and the information they contained about their care and support provided. People were supported to have maximum choice and control of their lives. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People said care staff always explained what they were doing and they felt listened to. Care staff prepared and cooked people's meals which they chose or were supported to purchase from the onsite restaurant within the scheme. Where other health professionals were involved in people's care their advice and guidance was followed by care staff. People said that care staff arranged health appointments on their behalf if they asked.

People told us that care staff recognised and valued their level of independence by encouraging and involving them in their care. People knew the care staff well and felt they had developed positive relationships with them. Care staff were considerate when talking about people and knew it was important to maintain a person's privacy and dignity when in their home providing personal care.

People told us that if their care needs changed then care staff would record and update their care plans to

reflect this. Care staff had also been involved in supporting people if they noticed a change in their needs and where appropriate involved people's families. People told us they knew how to complain if they needed to, however people felt comfortable to raise small issues or concerns directly with care staff which were then resolved.

People felt involved in their care and support and were regularly asked for their views and opinions. The registered manager told us they ensured they were available and welcomed feedback from people, care staff and relatives. Care staff felt the management team were open and informed them when making any changes to the scheme. Regular checks made by the management team monitored the quality of the care that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received care and treatment from care staff that understood how to keep them safe and free from the risk of potential abuse.

There were enough care staff to meet people's risks and support people with their medicines.

Is the service effective?

Good ●

The service was effective.

People had consented to their care and were supported by trained care staff that understood their care needs. People's dietary needs and preferences were supported and input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs from care staff who had developed respectful, warm and caring relationships with them. Care staff took account of people's privacy, dignity and individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were able to make everyday choices and were involved in planning their care. Changes to people's care needs were managed and care plans were in place that reflected the changes.

People who used the service were confident who they would raise any concerns if needed.

Is the service well-led?

Good 

The service was well-led.

People, their relatives and care staff were complimentary about the overall service and had their views listened to.

The provider had systems and processes that monitored the quality of care people received.

Arch Hill Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with six people who used the service and one relative. We spoke with four care staff, one team leader, the registered manager and the provider's nominated individual.

We looked at three records about people's care, three medicine records, management meeting minutes, incident forms, the provider's business plan for 2015-2020, one example of staff supervisions and observation forms, quality survey responses from people and staff and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

People we spoke with said they trusted the care staff and felt safe while they were in their home providing personal care. Relatives we spoke with said that knowing care staff always arrived at the allocated time and that a call had never been missed helped with keeping their loved ones safe and secure in their homes.

Care staff we spoke with told us they had received training in the types of abuse people are at risk of and what they needed to do if they suspected a person was at risk. Care staff told us that alongside keeping people safe, they were also aware they could promote people's safety within their home. For example, by locking the external doors if that's what the person wanted. The registered manager told us that once any concerns were brought to their attention, they informed the local authority and worked with them to ensure a person was free from the potential risk of abuse and harm.

People told us before they received care they spoke to the registered manager about their risks and the potential risks. The records showed how they could reduce the potential of further harm and as these changed their care plans were updated. Care staff were aware how to provide safe care and used the care plans to ensure each person received care that met their needs. For example, how to use a hoist to safely move a person or applying creams to prevent sore skin. People we spoke with told us that care staff always looked at the care plans as well as asking them about any changes.

People's falls and accidents in their home were recorded by care staff when they happened and a form was completed. The forms were then reviewed by the registered manager to see if any immediate action was needed to prevent a reoccurrence; such as a referral to the local falls clinic. All incidents were then reviewed monthly by the provider's health and safety team to identify any patterns or where preventative matters could be used.

People were able to get the amount of hours of care they needed and people told us that the care staff adhered to the agreed hours. One person said, "They come when they [care staff] say and don't let me down". The care staff and registered manager told us they ensured that people received care from care staff with the right skills. All care staff we spoke with said they worked as a team to cover shifts to ensure the correct number of care staff were on shift. One person showed how they were able to use a pendant to call care staff in an emergency situation. The registered manager had employed enough care staff to cover the calls people required and also had flexible arrangements so any changes to call times could be met. The management team were now looking at meeting people's request for more consistency in care staff had recently introduced new a staffing rota as a step towards to achieving this.

People told us they were able to choose the amount of support they received with their medicines which varied from a reminder to take a medicine through to administering all their medicines. One person said, "I take tablets but they [care staff] give it to me, I don't have to worry that way". Care staff we spoke with told us they had received training in administering medicines and were observed regularly by the management team to make sure they understood the training. People's medicines were checked by the team leaders and action taken if errors had been identified. For example, making further observations to support care staff or

providing additional training. People had records to show care staff the medicines they required and at what time. The care staff signed these to confirm they had given the person their medicine.

Is the service effective?

Our findings

People said care staff knew how to provide their care and they were confident in their skills and knowledge. All care staff we spoke with said training related to the people they cared for and any further training was available if a person needed care within a specialist area. For example, care staff were able to provide details of how training in understanding and supporting people living with dementia had given them a detailed understanding and knowledge to better support people.

Care staff that we spoke with told us they were supported by the management team and they were clear about their roles and responsibilities. Care staff said the management team were visible and available to talk to if they needed advice and outside of their regular supervisions. The managers held care staff observations in people's home to ensure they knew how to provide the care as expected and in the right way. For example, making sure the correct moving and handling guidance was followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. People we spoke with told us how they had consented to their care and treatment which was recorded in their care plans.

People told us that care staff always listened to their choice about how they preferred to receive personal care and would not do something against their wishes. All care staff we spoke with told us knew that all people have the right to make their own decisions and knew they were not able to make decisions for people who had capacity. Records we looked at showed the involvement of the person and their wishes and needs.

People we spoke with told us they were involved in choosing their meals which they either prepared on their own or with support from care staff. One person said, "I have a full English breakfast every morning". People also told us that care staff always supported them to make drinks or made drinks available for them when they left. All people we spoke with said they had the option to purchase meals from the onsite restaurant.

All care staff we spoke with told us that where people needed help with meal preparation they followed the person's choice and offered encouragement for people to do as much as they were able. They said the amount of support and the type of meals prepared varied from person to person. Care staff also knew who required a specialist diet or support when eating their food.

People told us they arranged their own appointments to support their health care needs. Where requested

people said that care staff would call other professionals or inform a family members to support them. Care staff said that they worked well with people's local healthcare professionals to help people get the care they needed, for example, social workers and district nurses.

Is the service caring?

Our findings

People we spoke with all said that they got on well with their regular care staff. One person told us that the care staff were great and, "Nice girls and we have a natter, it's like a little family". People told us care staff took the time to find out about things that were important to them, and included their relatives in conversations. One person said about the care staff, "I'd be lost without them".

People told us care staff spent time chatting with them and getting to know them. One care staff member told us that they were supported on their first few visits by going with a member of care staff who was more familiar with the person. Another member of care staff said that there had been occasions when they needed to spend extra time with people, which they were happy to do. One relative told us, "Nothing is too much trouble, they [care staff] are very supportive". One member of care staff told us, "You get to build lovely rapports with people".

All people we spoke with said care staff encouraged them to be involved in their care and that they got into a routine that suited their preferences. One person said, "I could not ask for better care". One relative said that when discussing care, care staff were, "Very thorough, I have a real confidence in them".

People told us care staff asked them how they would like their care to be given or what they would like. One person told us they felt supported and it was about, "Flexible care and when I want it". Another person said that if they wanted different care staff or to change the way the care was delivered they would tell care staff and the changes made.

People we spoke with told us how important it was for them to take part in their personal care where they were able to do this, so that their independence was maintained. People told us that care staff were respectful and kept their privacy and dignity. One person told us how their confidence to do things themselves had increased with the support of care staff. All care staff we spoke with explained how they involved people in decisions about their care and encouraged independence with the right level of support.

Care staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Care staff described how they made sure that people were covered during personal care. For example, how they ensured that curtains were closed when required, so that people's dignity and privacy was maintained. People we spoke with felt their privacy and dignity was considered and care staff took time to ensure they were comfortable during personal care.

When staff discussed people's health and well-being the conversations were respectful. When staff were talking to people they were kind and helpful, and provided assurance to people where required.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted from care staff. People told us care staff listened and responded to their choices and preferences and knew their preferred routines. People and relatives told us about the responsiveness of the staff and management. One relative told us, "They always check [person's name] thoroughly to make sure there are no changes". Care staff told us they were confident in detecting and responding to changes in people's condition.

One person told us the care staff recorded the care provided and if there were any changes and said, "They [care staff] write everything down, nothing is forgotten that way". The registered manager reviewed these records monthly to ensure that care was meeting people's needs. Changes to people's care or support needs were communicated to care staff and they confirmed they were kept updated to any changes immediately.

People also had access to a contact telephone number or emergency call button that they could use to access help or assistance at any time. These calls had been recorded and people told us this had worked well when used.

All care staff we spoke with knew each person well and the exact care and support they needed. For example, if people had a particular illness they knew how it affected the person and what actions to take if something changed. People told us staff encouraged them to participate in events with others on site and informed them about events in the community.

People's care records were kept in their homes and used by care staff on each visit. People told us they reviewed their care plans at regularly intervals or if there were any changes. Three people showed us their care records which had been kept under review and updated to reflect people's current care needs. The care plans detailed the way in which people preferred to receive their care and provided guidance for care staff on how to support the individual. For example, how much assistance a person needed with their personal care. All care staff we spoke with knew about the information in the care plans we looked at.

People we spoke with told us they had not had any cause to make a complaint. However, people were happy to approach the care staff to raise issues or concerns. One person said, "I don't need to hide anything, and [team leader] comes in most days needed or not". One relative said care staff were responsive. They said, "Tell them what's wrong and it's sorted".

The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The process gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns.

Is the service well-led?

Our findings

All people who we spoke with were confident in the way the service was managed. People's comments included, "Absolutely fantastic support", and, "The quality of care is excellent". Letters and cards received by the provider were also full of praise for the care and thanked the care staff for the kindness shown to their family members.

People and relatives told us they had been asked for their views about their care and had completed questionnaires every three months and received visits from the supervisors or care manager. One person said, "[Family members] are very involved when they visit and are in contact with staff and we all get on well". The latest results showed of those people who responded '100% were overall satisfied' which had increased from the previous survey. All people we spoke with said they were happy to approach and chat to the management team about their care or any concerns they had.

The provider had set up the 'Umbrella Voices' group within local schemes so people were involved in the service and raising ideas and feedback based on what they wanted. These groups meet as a whole every quarter to discuss and share the information. The minutes of these meetings go to the 'Central Tenants Forum' members who report to the provider's board.

When care staff were together they were relaxed and friendly towards each other and told us they all worked well together to support the people that provided care for. Care staff told us they felt able to tell management their views and opinions, however they would like to have organised staff meetings to better support each other. One care staff member said, "There is always someone available if you need guidance or advice," which they felt supported both them and the people they provided care for. The registered manager told us that they had good support from the staffing team and the provider and would review the feedback in relation to organised staff meetings. In order to continue improvements and a proactive culture, the provider had supported staff to study professional development training courses, such as recognised qualifications in care

The team leaders undertook unannounced spot checks to review the quality of the service and observe the standard of care provided by care staff. People and care staff told us the team leaders frequently came to observe them at a person's home to ensure they provided care in line with people's needs and satisfaction. The management team told us they wanted to ensure people received care that met their needs from staff who were trained and supported. The registered manager had reviewed the care notes care staff had completed when providing personal care to ensure the care provided matched the care plans. For example, they had checked all tasks had been completed.

The registered manager told us they were provided with support and guidance about best practice and any changes within the industry. The provider also referred to Social care Institute for excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialist with the local area to promote positive working relationships. For example the local authority commissioners and people's social workers.

The providers head office supported the registered manager with regular updates and meetings alongside the managers from their other services. The provider had signed up to a variety of nationally recognised awards which included Investors in People. The provider had been successful in achieving an award that demonstrated how they had successfully demonstrated providing excellent customer service.